

Heritage-WTI, Inc.  
Incident Report

2011.1538

To be completed by the employee and supervisor  
before the end of the shift**I. Incident Information:**

Date: 12/17/2011

Time: 00:30

Type: Near Miss

Location: \_\_\_\_\_

Investigator(s):

Steve Kollar  
Dick Hayes

Investigators - Manager:

Steve Kollar

Investigators - Safety Technician:

Investigators - Employee:

Dick Hayes  
Steve kollar

Investigators - Others:

Attachments:

**II. Employee Information:**

Name: Dick Hayes

Department: Operations

Job Title: Operations Group Manager

Supervisor (GM) on

Duty:

Overtime: 0

**If other than Heritage-WTI**

Company Name: \_\_\_\_\_

Company  
Address: \_\_\_\_\_Company Phone: \_\_\_\_\_ Was Company  
Notified?: 0**III. Incident Scene Information:**

Specific Location: \_\_\_\_\_

PSM Location: 0

Describe How the Incident Occured:

SCC pressure exceedances , due to heavy ash buildup at the top of the SCC that fell into the slag quench.

Type of Machinery/Equipment/Materials/Waste Involved:

Waste Stream Profile: \_\_\_\_\_

Container Number: \_\_\_\_\_

Machinery / Equipment Placed:

Repairs Required

Out of Service

JAMS Work Order Number(s):

#### IV. Events Causing the Incident:

Describe the events and conditions that contributed to the incident. Include information on the worker, machinery and equipment, environment and management.

#### V. Corrective Actions:

Identify the factors listed above that can be corrected to prevent a reoccurrence of this type of accident. Indicate the person responsible for making the change and project a target date for completion of the task.

**\*\* Initial - Corrective Actions:**

**\*\* Long Term - Corrective Actions:**

reduced feedrate

CPAR Generated: 0

Responsible Person:

Jim Brinker

Target Completion Date:

12/17/2011

Method of verification of Corrective Action.

there was some question about the receipt of Sunco waste the previous week. Received 9 loads- only supposed to receive 3. This could have had an impact on this.

A PHA C/PAR from the upstream PHA requires actions to address concerns about over scheduling. 2012.0721 is the C/PAR

Verification Date:

4/16/2012

#### V. Incident Report Prepared by:

Name: Jim Brinker

Title: \_\_\_\_\_

Signature: Jim Brinker

Date: 12/17/2011 5:59:41 AM

#### VI. Summary:

Include comments that would promote a safe workplace environment and reduce an accidents potential in the future based on review of the events causing the Incident and implementation of Corrective Actions.

**Risk Rating:** Very High  
**Category:** work practice

**VII. Injury Information:**

**Name of Injured person:** \_\_\_\_\_  
**Nature of Injury:** \_\_\_\_\_  
**Body Part:** \_\_\_\_\_  
**Work Start Time:** 12:00:00 AM  
**Employee's Specific Task and Activity at Time of Injury:**

**Injury Treatment (Click all that are applicable):**

Fatality      Onsite First Aid      Offsite Treatment      \_\_\_\_\_

**Other, Specify:** \_\_\_\_\_

**Drug and Alcohol Testing Done:** 0

**Date and Time:** 12:00:00 AM

**For Safety Manager:**

First Aid      Recordable      Restricted Duty      Loss Work Days

**JAMS**

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